

MEDICAL AND SURGICAL REPORTER

No. 1749.

PHILADELPHIA, SEPTEMBER 6, 1890. Vol. LXIII.—No. 10.

CLINICAL LECTURE.

ANEURISM OF THE AORTA.—CATARRHAL JAUNDICE.

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Aneurism of the Aorta.

Gentlemen: Last week I showed you a case of simple aneurism of the aorta and another one in which there was either an aneurism of the aorta or a dilatation of the left auricle. The bruit was in the second left interspace; but I told you at the time that the aneurismal wall was liable to yield in the direction of the least resistance and that position of the pulsation was of little value in diagnosis. Although the pulsating tumor shown evidently overlay the base of the heart, located as it was below the second rib, yet it might be an aneurism of the aorta at its root within the pericardium or an extra pericardial aneurism bulging downwards and to the left. Since then the patient has died and I now show you the result of the autopsy.

Here are the heart and its appendages. Examining them, we find a fusiform dilatation of the aorta and also a saccular aneurism commencing immediately above the semi-lunar valves and within the pericardial sac, about as large as a small orange. The valves of the aorta do not close properly and, as a result of this condition, we had an aortic regurgitation. The aneurism is smooth, sessile, round and to the front of the aorta; it is an old aneurism, with smooth but thickened and somewhat rigid opening of communication with the aorta. It contains no coagulum, because it lay on the convex side of the aortic curve and was, therefore, in the seat of a strong blood current.

This aneurism was not the cause of death. It would have been a favorable case for electrolysis or any other clot-forming method of treatment. The aorta is roughened on its internal surface by calcification from an old endarteritis, possibly of specific origin, whose degenerating influence in the aortic wall was the primary cause of the aneurism itself. I would have feared electrolysis, lest the formation of a clot would have obstructed this cavity. The aneurism, as you see, occupied part of the space usually filled by the heart and resembled a case of marked dilatation of the left auricle, due to the regurgitation of blood through the mitral orifice. Besides the position, there was another physical sign which made me think it might be a dilated left auricle, and that was the forcible diastolic bruit. This is explained by the aortic regurgitation which no doubt existed.

Catarrhal Jaundice.

This man came here three weeks ago. He was then vomiting a greenish fluid and his stools were light colored. He had had an inflammation of the stomach, and four days afterwards jaundice appeared. He was given small doses of calomel, and in five days he was feeling quite well again. His temperature was normal; in twenty-four hours it went up to 101° F. and is now 100°. The yellow staining is still to be seen on the walls of the abdomen where it appears later than on the mucous surfaces. The conjunctivæ are found to be stained on the lining of the lids, though the scleral conjunctiva is clear. The tongue is also clean on its upper and under surfaces, but the inner surface of the lower lip still shows the staining.

Before he was brought here the patient had had the influenza, which left him in a weakened state generally and especially in his digestion. Improper diet as to quality, and perhaps also as to quantity, induced a

men who bitterly oppose such examining boards, solely upon the ground that they give a certain *quasi* recognition to what we regard as sects in medicine, nevertheless many men who regret the necessity for such seeming recognition feel that even this is preferable to the present methods, by which almost anybody, with or without education, may begin the practice of medicine in most of the States of this country. Those who believe in State examining boards feel that, even at the sacrifice of personal and professional taste and preferences, it would be a good thing for the profession, and an exceedingly good thing for the community if the right to practice were restricted to those who had satisfied a competent examining board of their fitness; and that to have but one portal to the practice of medicine, and that portal freed from the interests of medical schools or the laxness of irregular practitioners would be a boon to our fellow-men, and tend to increase the respect of the community for the medical profession.

We hope that even yet in Louisiana the interests which have given temporary defeat to what is plainly the very best part of the medical profession there will be overcome, and that this State will succeed in securing a good examining board before long.

MYXŒDEMA AND TRANSPLANTATION OF THE THYROID.

In an editorial in the *REPORTER*, April 12, 1890, attention was called to the proposition of Mr. Victor Horsley to attempt the cure of myxœdema, or cachexia strumipriva, by transplanting to the patient the thyroid gland of a sheep, and to the fact that Professor Lannelongue had recently actually done this experimental operation. We have no news of the results of Professor Lannelongue's operation; but Mr. Horsley has a short note on the subject in the *British Medical Journal*, July 26, 1890. In this, he says he has learned that his proposition had been forestalled in 1889, by Dr. Bircher, in Aarau.

In No. 357 of the *Sammlung klinischer Vorträge*, Dr. Bircher gives an account of myxœdema and cretinoid degeneration, his paper being published March 5, 1890.

In his paper Dr. Bircher describes the onset of acute myxœdema in a female patient from whom unintentionally the whole thyroid gland was removed. Severe myxœdema resulting, Dr. Bircher, on January 16, 1889, transplanted into the abdominal cavity a portion of apparently normal thyroid tissue from a goitre. The effect of this operation was to produce a very marked improvement, so that the patient was enabled to return to work, and the myxœdematous symptoms in great measure disappeared, only the condition of the skin suggesting the persistence of the malady. Three months later, however, it became evident that the transplanted piece of thyroid had atrophied, as the myxœdema again showed itself and progressed. A second transplantation was made, and again an improvement, and this time greater, resulted, as the patient recovered for nine months, even menstruation returning after amenorrhœa had persisted for over a year. At the present time the symptoms have recurred slightly, but the beneficial effect of the operation was thus indubitably established.

Professor Kocher wrote Mr. Horsley on May 19 and 31, 1890, that he attempted to obtain the same result as early as 1883, by transplanting a small portion of the gland freshly excised from a goitre, but the graft was soon absorbed. Hearing of Dr. Bircher's case, however, Professor Kocher took up the subject again early in 1889 by transplanting in two cases the half of a thyroid gland into the abdomen, fixing it to the wall by sutures. In both the gland was aseptically exfoliated after some time. In three cases he put the gland loose in the abdominal cavity. The results of these cases Professor Kocher has not yet collected nor published, but he has already learned that one patient has greatly improved since the operation.

Consideration of these results makes it,

Mr. Horsley thinks, abundantly clear that this operation should always be performed, not simply in cachexia strumipriva—which, of course, with our later knowledge of the function of the thyroid gland, he believes, will ultimately disappear—but also in myxœdema and sporadic cretinism. Whether or not it is better to transplant thyroid tissue from a human goitre or a healthy gland from a lower animal, as suggested in Mr. Horsley's first note, can only be decided by experience.

It is interesting to note the sanguine hopes of Mr. Horsley ; but the surgical world may await something more conclusive than he has yet adduced before committing itself finally to a mode of therapy which has so many elements of the fanciful about it. Men who can swallow Pasteur's method for suspected rabies may find this method easy, but others will ask more in the way of proof and less in the way of conjecture.

PREVENTIVE INOCULATIONS AGAINST TUBERCULOSIS.

At the recent meeting of the International Medical Congress, in Berlin, Dr. Robert Koch made an address in which he asserted that he had discovered a method by which animals ordinarily very susceptible to contract tuberculosis from inoculations of the bacillus were made capable of resisting such inoculations. The details of his method he did not make public. Stimulated apparently by this announcement, which is calculated to attract widespread attention, Drs. Grancher and Martin, of Paris, announced in the *Bulletin Médical*, August 20, 1890, that they also had devised a method by which these results could be obtained.

In this number of the REPORTER Professor Samuel G. Dixon, of Philadelphia, presents a short article in which attention is called to the fact that a year ago—October 19, 1889—he had proposed the lines upon which preventive inoculations against tuberculosis might be expected to be successfully carried out, and that he had already succeeded

in a certain number of instances in producing immunity against the disease in animals. This announcement antedates by so much the announcements of Koch, and Grancher and Martin, that American medical men must feel an interest in maintaining the priority which belongs to this country.

In this particular matter it may be pointed out that Dr. Dixon in his announcement gives some indications as to the method by which he obtains the attenuated virus used in his experiments. Intimations of this sort are totally lacking in the communications of Koch, Grancher and Martin.

AMERICAN MEDICAL DIPLOMAS ABROAD.

Any American medical man who has studied or traveled in Europe knows that on that side of the Atlantic American medical men get all the respect that they deserve, and usually a degree of kindly consideration which makes up for such defects as, if sensitive, they might otherwise be painfully conscious of. He knows, too, that American medical colleges are treated just as fairly, and that the reason why European governments do not recognize American medical diplomas as a passport to practice is because they are not far enough off to be ignorant of the laxness with which such diplomas are granted in many parts of this country. Their action is simply that which a number of our own States have felt called on to take against men educated in other States, in order to protect their own inhabitants against ignorant pretenders.

It is a great pity that such steps should be needful in our own land, and we may well feel mortified that they have to be adopted elsewhere ; but this condition of affairs exists, and there is only one way to cure it. This is by mending our methods of education and bringing our standard up to a point which will secure universal respect. It will not do any good to indulge in any such foolish bluster as was recently put before